

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 572190

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | |
| 2 | | / | | | | |
| 3 | | / | | | | |
| 4 | | / | | | | |
| 5 | | / | | | | |
| 6 | | / | | | | |
| 7 | | / | | | | |
| 8 | / | | | | | |
| 9 | / | / | | | | |
| 10 | / | / | | | | |
| 11 | / | / | | | | |
| 12 | / | / | | | | |
| 13 | / | / | | | | |
| 14 | / | / | | | | |
| 15 | / | / | | | | |
| 16 | / | / | | | | |
| 17 | / | / | | | | |
| 18 | / | / | | | | |
| 19 | / | / | | | | |
| 20 | / | / | | | | |
| 21 | / | / | | | | |
| 22 | / | / | | | | |
| 23 | / | / | | | | |
| 24 | / | / | | | | |
| 25 | / | / | | | | |
| 26 | / | / | | | | |
| 27 | / | / | | | | |
| 28 | / | / | | | | |
| 29 | / | / | | | | |
| 30 | / | / | | | | |
| 31 | / | / | | | | |
| 32 | / | / | | | | |
| 33 | / | / | | | | |
| 34 | / | / | | | | |
| 35 | / | / | | | | |
| 36 | / | / | | | | |
| 37 | / | / | | | | |
| 38 | / | / | | | | |
| 39 | / | / | | | | |
| 40 | / | / | | | | |
| 41 | / | / | | | | |
| 42 | / | / | | | | |
| 43 | / | / | | | | |
| 44 | / | / | | | | |
| 45 | / | / | | | | |
| 46 | / | / | | | | |
| 47 | / | / | | | | |
| 48 | / | / | | | | |
| 49 | / | / | | | | |
| 50 | / | / | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | / | | | | | |
| 52 | | / | | | | |
| 53 | / | / | | | | |
| 54 | / | / | | | | |
| 55 | | | | | | |
| 56 | | | | | | |
| 57 | | | | | | |
| 58 | | | | | | |
| 59 | | | | | | |
| 60 | | | | | | |
| 61 | | | | | | |
| 62 | | | | | | |
| 63 | | | | | | |
| 64 | | | | | | |
| 65 | | | | | | |
| 66 | | | | | | |
| 67 | | | | | | |
| 68 | | | | | | |
| 69 | | | | | | |
| 70 | | | | | | |
| 71 | | | | | | |
| 72 | | | | | | |
| 73 | | | | | | |
| 74 | | | | | | |
| 75 | | | | | | |
| 76 | | | | | | |
| 77 | | | | | | |
| 78 | | | | | | |
| 79 | | | | | | |
| 80 | | | | | | |
| 81 | | | | | | |
| 82 | | | | | | |
| 83 | | | | | | |
| 84 | | | | | | |
| 85 | | | | | | |
| 86 | | | | | | |
| 87 | | | | | | |
| 88 | | | | | | |
| 89 | | | | | | |
| 90 | | | | | | |
| 91 | | | | | | |
| 92 | | | | | | |
| 93 | | | | | | |
| 94 | | | | | | |
| 95 | | | | | | |
| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 5 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 48 | ← | | ← | | ← |
| TOTAL CLAIMS | 53 | | | | | |